



## Milwaukie Police Department Citizen Ride-Along Request Form



Name (Include other names used) \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Requested Time- 4-hours only (E.g 8pm-Midnight): \_\_\_\_\_

Circle Day Desired:      **Sunday**   Monday   **Tuesday**   Wednesday   **Thursday**   Friday   **Saturday**

Emergency Contact & Phone # \_\_\_\_\_

Is there any special accommodation or disability that needs to be made?

If yes, please explain (use a separate sheet of paper if needed):  
\_\_\_\_\_

Have you ever been arrested before or had police contact with anyone in this agency before? No or Yes- If Yes, please explain (use a separate sheet of paper if needed):  
\_\_\_\_\_

It is the policy of the Milwaukie Police Department that prior to approval to participate in the Ride-Along Program, a number of conditions must be met, including but not limited to:

1. Satisfactorily pass a criminal history check and receive approval from the on-duty patrol supervisor
2. Have no communicable diseases.
3. Any person requesting to participate may not have pending litigation against the City of Milwaukie or any City employee.
4. Current photocopy of photo identification must be attached to this request- E.g Oregon Driver's License.
5. Not have participated previously in the Milwaukie Police Ride-Along Program within the last 6 months.
6. No weapons or firearms of any kind are to be brought on the Ride-Along.
7. The rider is to follow the instructions of the Officer at all times (be quiet when the radio is used, not be disruptive in any way, refrain from speaking with victims or suspects of crimes, nor represent themselves as members of the Milwaukie Police Department in any way, etc.). Applicants may be denied as a participant of the program at the sole discretion of Milwaukie Police Department or it's designee.

I, the undersigned, request the Milwaukie Police Department allow me to participate in its voluntary Ride-Along Program. This program enables citizens to accompany members of the Milwaukie Police Department during the performance of their duties. I hereby authorize the Milwaukie Police Department to check any records, criminal history, or other files to determine if I am qualified to participate in this program. I understand my request may be denied or limited at the sole discretion of the Milwaukie Police Department.

Further, I release the City of Milwaukie and it's Officers, Officials, Agents and Representatives from any claims made against the City of Milwaukie or any of the above named due to injuries to my person or damages to my property. It is understood that I have requested to accompany a regular police officer of the Milwaukie Police Department during a normal tour of his/her assigned duties. Further, that Ride-Along's can be hazardous by nature and the rider may be exposed to blood borne and airborne pathogens in our work environment (crime scene's, motor vehicle accidents, etc).

I will not interfere with nor become involved in any manner with any situation in which the officer must assume command. I am aware that I may be subpoenaed as a witness and that if I become involved in any matter, either criminal or civil, I may be held responsible for my actions.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (If necessary): \_\_\_\_\_ Date \_\_\_\_\_

**Milwaukie Police Department- 3200 SE Harrison Street Milwaukie, OR 97222- Phone 503.786.7400**